

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO.	FILED DATE
0/541300	
APPLICANT(S)	

CLAIMS

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/541300
APPLICANT(S)

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	9	←	19	←		←
TOTAL CLAIMS	10		20			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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100						
TOTAL IND.				↓		↓
TOTAL DEP.				←		←
TOTAL CLAIMS				←		←